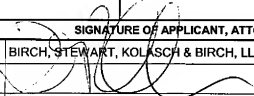


TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/593,586-Conf. #1514</td> </tr> <tr> <td>Filing Date</td> <td>September 21, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Johan HELLGREN</td> </tr> <tr> <td>Art Unit</td> <td>2615</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Attorney Docket Number</td> <td>4436-0136PUS1</td> </tr> </table>	Application Number	10/593,586-Conf. #1514	Filing Date	September 21, 2006	First Named Inventor	Johan HELLGREN	Art Unit	2615	Examiner Name	Not Yet Assigned	Attorney Docket Number	4436-0136PUS1
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Total Number of Pages in This Submission													

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Remarks</td> <td>Power of Attorney</td> </tr> </table>			Remarks	Power of Attorney
Remarks	Power of Attorney			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP			
Signature				
Printed name	D. Richard Anderson			
Date	May 16, 2007	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Reg. No.</td> <td>40,439</td> </tr> </table>	Reg. No.	40,439
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